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# Reduce the incidence of Pressure Ulcer in the Rehabilitation unit

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## Introduction

Windsor Elmhaven Care Center provides short-term and long-term care as well as rehabilitation services. It is a large facility with 128 beds and has for-profit, corporate ownership (Windsor Elmhaven Care Center, n.d.). The majority of the resident population in Elmhaven is over the age of 60, with different types of diagnosis such as diabetes mellitus, hypertension, Parkinson's disease, hip and knee replacement, stroke, terminal illness, and so on. The aim is to help the patients improve their independence and attain their highest level of functionality. Since this facility has elderly and immobile patients, there is a higher incidence of developing pressure ulcers due to decreased mobility and other contributing factors such as poor nutrition and fragile skin.

The pressure ulcers are a great concern for the population in the healthcare setting due to morbidity, treatment cost, and reimbursement concerns (Zaratkiewicz, Whitney, Lowe, Taylor, O'donnell, & Minton-Foltz, 2010). Pressure ulcers cause pain, infection, and death, and prolong hospital stays due to the slow recovery from morbid conditions. (Kwong, Pang, Aboo, & Law, 2009). According to the National Pressure Ulcer Advisory Panel (NPUAP), the occurrence of pressure ulcers ranges from 2.3% to 23.9% in long-term care facilities, and from 0% to 6% in rehabilitative care settings (Dorner, Posthauer, & Thomas, 2009). Pressure ulcers are a severe problem but commonly occur in the elderly population. As the elderly population becomes greater in number and older in age, the occurrence of pressure ulcer development is expected to increase. It is imperative for healthcare teams to find the evidence-based practice guidelines to reduce the incidence of preventable pressure injuries. This paper aims to review the study regarding the

evidence-based prevention strategies to reduce pressure ulcers in the rehabilitation unit and educate the nursing staff on the evidence-based nursing practice surrounding pressure ulcers.

## Clinical Leadership Theme

The project will focus on the clinical nurse leader (CNL) curriculum frameworks for patient-centered healthcare, which are Clinical Outcomes Management and Care Environment Management (AACN, 2007). A clinical nurse leader delivers frontline patient care and can coordinate, implement, drive, and measure changes in practice that will directly impact patient outcomes. CNLs are visionaries who strive to improve clinical outcomes through their ability to influences changes in practice. According to Davidson, Ray, and Turkel (2011), their role within the organization would be to change and improve the way care is delivered in order to improve quality and achieve desired outcomes. The CNL knows all aspect of his/her role and uses an understanding of everyone's responsibilities and roles to delegate effectively. The CNL will help staff members understand what the vision is and why they are being asked to do it. This is crucial to being successful in the CNL role of Outcomes Manager, which utilizes information and knowledge to improve patient outcomes (AACN, 2007). Explanation of the elements necessary to make change happen in a complex environment requires collaboration and motivation to be successful in sustaining the change. According to Davidson, Ray, and Turkel (2011), those that are involved in executing change need to be included in the discussions, and their input needs to be validated.

The goal of this project is to reduce pressure ulcers by 50% by the end of March 2018 by increasing staff awareness about pressure ulcer prevention strategies. The CNL can motivate, coach, and facilitate communication and conflict resolution (Sherman, 2006). The nursing staff members require coaching at each meeting because they are new to the change project. The staff

will need motivational support during this process to ease their concerns and help the plan go smoothly. Communication is key to the project, so facilitating communication within the interdisciplinary team and other health professional providers involved with the change process is imperative to keep the momentum going. Conflict resolution is also vital to the success of the project.

## Statement of the Problem

There is a higher incidence of pressure ulcers nowadays due to the increase in the elderly population and comorbidities. They cause pain, suffering, poor quality of life, and lengthy hospital stays. The cost associated with pressure ulcers is significant. Pressure injuries cost $9.1–$11.6 billion per year in the United States. The cost of individual patient care ranges from $20,900 to $151,700 per pressure ulcer (Agency for Healthcare Research and Quality, 2014). With current practices, pressure ulcer incidence is increasing significantly. There were 12 incidences of pressure ulcers reported last year. The facility has a protocol in place that requires a skin inspection upon admission and then after every shift. The nurses do a head-to-toe assessment using the Braden scale. Despite the staff identifying and implementing the pressure ulcer strategies, the results of the protocol are not consistently optimal. The majority of the patients who acquired pressure ulcers had a high Braden score upon admission that placed the patients at high risk of developing pressure ulcers. Furthermore, the patients are also at high risk for pressure ulcers due to their admission diagnosis and co-morbidities.

As clinical nurse leader (CNL), it is imperative to promote a focus on reducing pressure ulcers in the healthcare setting. Due to the high incidence of pressure ulcers in the rehabilitation unit, it shows that the staff requires refresher education and training. It is the responsibility as a CNL to educate staff based on evidence-based practice to reduce pressure ulcers. Implementing

evidence-based strategies along with continuing staff education will reduce the incidence of pressure ulcers.

## Project Overview

The global aim statement is this: The staff at the clinic's aim is to improve patient care by reducing the incidence of pressure ulcers in the clinical setting. The focus of this project is to provide refresher education for the staff regarding the prevention and reduction of pressure ulcers. The plan to educate the staff and patients includes the creation of an educational brochure for the prevention of pressure ulcers (Appendix A). The brochure will be offered to the patients upon admission to the rehabilitation unit. On a regular basis, an interdisciplinary meeting will be held in order to ensure compliance with the improvement process of the project. A multi-disciplinary approach to the training and education of healthcare professionals should be utilized. The staff will be trained and educated on pressure ulcer risk assessment and prevention. Likewise, education will be given to patients who are able and willing to learn about risk assessments and prevention strategies. The plan is to enhance the quality of patient care by preventing pressure ulcers or reducing the incidence of them.

Conducting an educational session for the nursing staff on the reduction of pressure ulcers is essential. Evaluations of the effectiveness, cost savings, patient safety, and the decrease in the rate of pressure ulcers will be made. With every teaching project, one needs to evaluate the outcome in order to see its effectiveness. Evaluation is defined as a systematic process by which the worth or value of something is judged (Bastable, 2014, p. 602). An evaluation can be done through observation, such as by reviewing charts and clinical data to see if there has been an improvement in the number of pressure ulcers in the rehab unit. Furthermore, there will be a staff survey at the end of the education project to see if it is effective. The specific aim statement reduces the

incidence of pressure ulcers by 50 percent by the end of March 2018. This will improve patient care and the outcome and will enhance patient and staff satisfaction. The specific aim statement relates to the global aim statement because they have the same goal to reduce pressure ulcers to improve patient care/outcome, enhance patient, and increase nursing satisfaction.

## Rationale

Upon conducting the assessment of the microsystem, utilizing SWOT analysis (Appendix B) which stands for strengths, weakness, opportunities, and threats, identified the needs of the rehab unit. The strength of the unit includes using the Braden scale upon admission, skin assessment every shift, team collaboration, and support provided by the director of nursing. The weaknesses are that the staff members are not adequately educated on pressure ulcer prevention, staff resistance to education, and communication inconsistencies. The opportunities include the improvement of the incidence of pressure ulcers and improvement of compliance with education. The threats are the increased length of stay due to pressure injuries and Medicare reimbursement.

The next step is to create a process map (Appendix C). Process maps are a method for generating a diagram that demonstrates the flow of the current process. After creating the process map, the next step will be to conduct a root-analysis using the fishbone method (Appendix D). The fishbone diagram will help to identify the potential causes and effects. The categories have defined the roots of the problem, which include man, environment, equipment, and patient factors. The last is to create a Stakeholder Analysis Diagram (Appendix E) which allows identifying the stakeholders, their level of interest and importance.

To implement the educational brochures for pressure ulcer reduction project, the total cost is estimated at $1956 initially for the first year and $1440 for subsequent years. The costs include two one-hour in-service sessions to make sure the nursing staff was able to share their concerns

and feedback on the brochure and the time to create, print, and organize the brochures. The total cost of these two meetings which included me, one wound care nurse, two registered nurses, and an assistant manager were about $516. The wound care nurse and three registered nurses are paid about $50 per hour, and the assistant manager is paid about $58 an hour. When these meetings are completed, I will take the time to create the educational brochure for the staff and the patients. Since I am working on a school project, I will complete this at my clinical site at no expense. There will be a unit clerk who will be assigned once a week to replenishing the brochures. The brochures will also be provided to the staff and the patients upon admission for ongoing education. The unit clerk paid &15 per hour. If unit clerk spends two hours a week replenishing these brochures, it would cost $1440 for the first year.

Pressure injuries cost $9.1-$11.6 billion per year in the United States. The cost of individual patient care ranges from $20,900 to $151,700 per pressure ulcer (Agency for Healthcare Research and Quality, 2014). Therefore, if one pressure ulcer injury is prevented by the implementation of these brochures, then at least $20,900 will be saved. If one pressure ulcer injury is prevented in the first year of the implementation of the educational brochure, which costs $1956, then the net benefit will amount to $18,944. The benefit-cost (B/C) ratio for the first year will be 9.64, which indicates that for every $1 spent on brochure production, it is estimated that $9.64 will be saved from the prevention of one pressure ulcer injury. For the second year, the net benefit will be $19,460, with the B/C ratio being estimated at 13.5. In other words, in the second year, for every $1 spent replenishing/re-printing the brochures, the estimate is that there will be $13.5 in savings from the prevention of one pressure ulcer injury (Appendix F). If I will be able to meet my goal of a 50% reduction of pressure ulcers for the year, which would be no more than six incidences of pressure ulcers for the rest of the year, then the cost savings would be $123,444.

## Methodology

The project aims to reduce pressure ulcers by 50 percent in the rehabilitation unit by the end of March 2018. The need for this project has been identified through a SWOT analysis and microsystem assessment. To implement new ideas or change in the microsystem, Kotter's 8-step model can be useful. For many people, change can be difficult and stressful. However, change is imperative to achieve better outcomes. The change is necessary for the rehab unit, so the Kotter theory will be utilized for this project.

The first step is to establish a sense of urgency; the staff should be interested and motivated to make changes. The staff needs to understand that change is necessary, and this will happen during huddles and monthly meetings. The second step is to form a powerful coalition. The CNL is a change agent, which is necessary to the process. A change agent or coach should gain the support and agreement of the staff to sustain the change. The staff team will help push the change forward. During this process, ideas are shared or discussed to strengthen the argument, and this helps staff members recognize the urgency for change. The third step is to create a vision for change. During staff huddles, a vision is shared with the staff to make sure they gain an understanding of the change. It is imperative for a CNL to make sure that the vision is clear, simple, and realistic. The fourth step is to communicate the vision. During this process, staff members should feel empowered so that they can actively engage in all phases. By feeling empowered, they will be more committed to change. It is suggested that for the success of the implementation of the change, communication of the message of the change is essential. So the vision will be communicated to staff members during huddles and monthly meetings to make sure they remain informed during implementation. The fifth step consists of removing obstacles. Resistance could be frustrating, but it is common when implementing change. It is the CNL's responsibility to

identify any potential barriers and implement strategies to eliminate these barriers. The sixth step is to create short-term wins. During this process, identify short-term, measurable outcomes, conduct evaluations, and recognize short-term success in order to keep staff members motivated and achieve long-term change. This will help them make it through the change process. The seventh step is to build on the change. Staff interviews will be conducted to gather the information during this process. The team can analyze the positives and negatives by using staff feedback and adjust as necessary to make further improvement. For change to be sustainable, it is imperative to analyze the progress and be willing to change the course if needed. The final step is anchoring the changes in corporate culture. The change will become part of the culture for long-term sustainability. In order to facilitate lasting change, all systems, structures, processes, and incentives must be aligned and consistent with the goals of the change. There will be regular evaluation and discussions about the progress, which will help consolidate the change. The prediction is that we will reach the goal to decrease the number of pressure ulcers in the rehabilitation unit by increasing staff awareness through continuing education.

## Data Source/ Literature Review

So as to find literature to support the project, a peer-reviewed CINHAL database was utilized. The PICO framework was used (P – Skilled nursing patients; I – Nurses and patients with adequate knowledge of the management and prevention of pressure ulcers; C – Nurses and patients with no or only limited knowledge of the management and prevention of such ulcers; O – Reduced or prevented pressure ulcers). The PICO framework is very helpful in finding the most up-to-date evidence-based practices for the prevention of pressure ulcers. To this end, research was conducted in the peer-reviewed CINHAL database using PICO strategies. The ten articles that were found had been published within the past five years and reported successful results in pressure ulcer

prevention. These articles provided much insight and an evidence-based prevention program for hospital-acquired ulcers. The articles show that evidence-based strategies decrease the incidence of pressure ulcers. They also reduce costs and improve the quality of care. It is imperative that nurses utilize research- and evidence-based strategies to care for patients in the most efficient way possible.

Mallah, Nassar, and Badr (2014) found that the multidisciplinary approach was useful in reducing or preventing the pressure ulcers, which includes implementation of the Braden Scale, the National Pressure Ulcer Advisory Panel (NPUAP)-European Pressure Ulcer Advisory Panel (EPUAP) staging system, nurse champions to determine the area of improvement for implemented intervention, staff education, the initiation of electronic reporting of pressure ulcer, as well as the bundle for the prevention of pressure ulcers.

McInnes, Chaboyer, Murray, Allen, and Jones (2014) found that patient engagement could be a possible approach to reducing pressure ulcers. The nurses should encourage patients to engage in pressure injury prevention. To provide patient-centered care, healthcare professionals need to make sure that the patient understands the risks of pressure ulcers and the importance of interventions to prevent pressure ulcers.

Roberts, Mcinnes, Wallis, Bucknall, Banks, and Chaboyer (2016) evaluated nurses' perceptions of the usefulness and impact of a pressure ulcer prevention care bundle (PUPCB) intervention in clinical practice. The interventions include awareness and participation with the pressure ulcer prevention care bundle, enhancing knowledge and communication and acknowledging the positive aspects of patient involvement in care, perceived barriers to engaging patients, and partnering with nursing staff to promote PUPCB implementation. They found that nurses reacted positively to PUPCB interventions. The bundle is beneficial to both patients and

nurses by promoting enhanced awareness, communication, and involvement in care related to pressure ulcer prevention. This is an effective strategy for promoting evidence-based pressure ulcer prevention care.

Schoeps, Tallberg, and Gunningberg (2016) proved that providing patients with a pressure ulcer pamphlet during their hospital stay was very useful. It helps educate them about pressure ulcer risks, causes, and prevention methods. Patients can also actively participate in their care. It is essential that nurses encourage patients to be active partners in their care. By doing so, nurses will not only invite patients to be active partners in pressure ulcer prevention but also ensure that they identify and support patients who cannot take an active role.

Sving, Fredriksson, Gunningberg, and Mamhidir (2017) show that a multifaceted intervention approach and participants' positive attitudes are essential for changing, understanding, and working more preventatively. Discussions among the staff regarding feedback on the care provided are also imperative for making changes. Dedicated facilitators should promote the implementation process. An implementation plan with an outcome evaluation and a process evaluation should be emphasized because it will increase understanding and knowledge of how to best implement evidence-based care. It is crucial that the implementation of evidence-based pressure ulcer prevention is carefully planned to achieve a shared understanding among nurses and managers regarding the care provided and possible improvements.

Sving, Idvall, Högberg, and Gunningberg (2014) proved that patient participation in pressure injury prevention is essential, and nurses need to encourage patients to participate. In order to get participation from patients, providers need to educate them on the importance of staying mobile and active. An active lifestyle not only maintains physical health but also boosts mind power and self-confidence.

## Timeline

The project started in September 2017 and will be completed by the end of March 2018. The timeline for this project is described in the Gantt chart in (Appendix G). The first step is to analyze the data about pressure ulcers from last year. Conduct a meeting with the staff members who are involved in the project to discuss what elements should be included in the educational brochure for pressure ulcer reduction. In October, the educational brochure will be created and presented to the Director of Nursing for approval. Once approval is received, more brochures will be produced with the help of a unit clerk. During the month of November, the plan is to conduct a staff meeting to communicate about the use of the educational brochure. The plan is for the pilot to go from December 2017 through February 2018. In March 2018, the plan is to analyze the pressure ulcer data collected by the Risk Department.

## Expected Results

After implementing educational brochures, evidence-based prevention strategies and education on pressure ulcer prevention are expected to decrease pressure ulcers in the rehabilitation unit. The utilization of educational brochures in daily care, along with continuing education sessions for the nursing staff, would be useful in a healthcare setting for pressure ulcer reduction. However, if there is no improvement in decreasing the incidence of pressure ulcers, then continuing education and monthly reviews will be provided until positive outcomes occur. Staff meetings or huddles will be conducted continually to address any issues or concerns as they arise.

## Nursing Relevance

The project will make a significant contribution to our present understanding. Reducing pressure ulcers in the healthcare setting is a multifaceted. It is a healthcare professional's responsibility, and it is imperative that the whole team should be involved in order to reduce the

incidence of pressure ulcer. The most of the pressure ulcers are preventable; it is essential to train or educate the staff and patients and ensure that everyone is knowledgeable on how to reduce any adverse outcomes. Pressure ulcers are not only painful but need an extra workload which can be costly and cause more negative patient outcomes.

## Summary

The CNL Internship Project aims to improve patient care by reducing the incidence of pressure ulcers by 50 percent in the rehabilitation unit by the end of March 2018 by creating educational brochures to continue teaching the staff about pressure ulcer reductions. The site for the clinical nurse leader project has 128 beds, at the Windsor Elmhaven Care Center located in Stockton, CA. The majority of the residents in Elmhaven are 60 years and older, with an equal number of males and females.

Last year, 12 incidences of pressure ulcer were reported. The SWOT Analysis identified the needs of the rehab unit. The SWOT analysis revealed that the staff members are not adequately educated on pressure ulcer prevention, staff resistance to education, and communication inconsistencies. Kotter's theory was utilized as guidance to facilitate the CNL project. Kotter's theoretical framework allows for the understanding of nurses' behavior during the change process. In the first week of October, the educational brochure was created and presented to the Director of Nursing (DON) and then obtained approval from DON to pilot the implementation of the brochures on the rehabilitation unit. Then, next week, worked with the unit clerk to produce more brochures. In November, staff meeting and daily huddles were conducted to communicate the use of the educational brochures. The project is still in process at this point, and the plan is to pilot the brochures starting in December and running through February.

Once the project is complete, the plan is to evaluate the process and make changes if needed, analyze the data and implement the project, and evaluate the effectiveness of the project by utilizing the pressure ulcer reduction brochure evaluation tool (Appendix H). This tool addresses whether the project was beneficial to the staff, whether they could retain any information, and whether they were aware of their role in pressure ulcer reduction. The factors that influence the sustainability of a project are the utilization of educational brochures in daily care and continuing education sessions for the nursing staff. Furthermore, it is also imperative to continually conduct staff meetings or huddles to address any issues or concerns as they arise.

## Conclusion

Prevention is the key to decreasing all adverse outcomes! An ounce of prevention is worth a pound of cure! Implementing evidence-based strategies such as educational brochures for reducing pressure ulcers could decrease their incidence. It will also reduce costs and improve the quality of care. In order to prevent negative outcomes, it is imperative to educate or train staff on how to reduce pressure ulcers. Providing better care, with the reduction of pressure ulcers being at the forefront. Staff education or refresher education, assessment tools (such as the Braden scale), will improve quality of care, patient safety, and at the same time, lower costs. Pressure ulcer reduction is a multifaceted issue. Providing refresher education to the nursing staff can help in reducing pressure ulcers.

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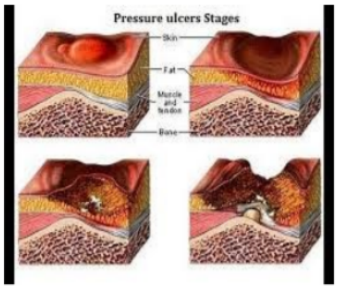
## Appendix A

### Pressure Ulcer Educational Brochures (Front)

Tell the reader about yourself and your products

Fabrikam is the leading go-to company when you want to get going. Serving the Brunswick area for more than 20 years! We pride ourselves on our elevated service standards and unequaled reputation for courtesy.




Company Name
4567 Main Street Raleigh, NC 02134

Pressure Ulcer Prevention

As a nursing team, we can prevent pressure ulcers

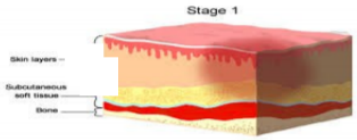

What are Pressure Sores?

## Pressure Ulcers

Pressure ulcers are localized injury to the skin, underlying tissue or both. They typically form over a bony prominence, due to pressure being placed on that area, and they can also form from pressure in combination with shear. There are four stages, and then unstageable. It is important to know, they are PREVENTABLE!!

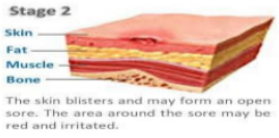
**Stage I:**

- Skin is intact
- Non-blanchable erythema
- Localized area usually over bony prominence



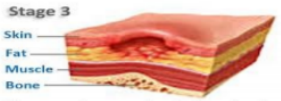

**Stage II:**

- A partial thickness wound
- Loss of dermis
- Shallow open ulcer with a red, pink wound bed
- Can be intact or open/ruptured serum-filled/ serosanginous filled blister
- Without slough




The skin blisters and may form an open sore. The area around the sore may be red and irritated.

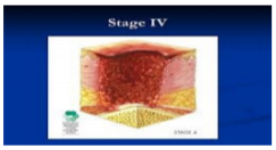
- Full thickness skin loss. Subcutaneous fat visible. Bone, tendon or muscle are not exposed
- Slough may be present but does not obscure the depth of tissue loss




The wound now extends through all layers of the skin and fat tissues, which can cause serious infection to occur.

**Stage IV:**

- Full thickness tissue loss w/ exposed bone, tendon or muscle. Possible sloughing/eschar Present.
- Undermining and tunneling that can extend into muscle, tendon, bone, which can cause osteomyelitis.




**Unstageable:**

- Wounds w/ bruising that show deep tissue injury
- Wounds w/ eschar/gangrene

## What we can do to PREVENT:

- Reduce Pressure on all pressure points, use pillows to support, and to float heels. Turn Q 2 hours. Inspect skin/bony prominences daily. Use air mattress if necessary.
- Prevent moisture by establishing bowel/ bladder program. Clean incontinent patients and do frequent checks. Apply skin barrier creams. Try to avoid diapers while in bed. Use catheters to prevent moisture.
- Encourage increased activity
- Evaluate nutrition, check albumin levels. Educate patients!

**Outcomes/Benefits:**

Improved quality of care, decreased pain, infection and there is a better patient outcome. If we prevent pressure ulcers, we are reducing costs, limiting visits to the hospitals, infections, and even sentinel events.

References:

European Pressure Ulcer Advisory Panel (EPUAP) & National Pressure Ulcer Advisory Panel (NPUAP). (2009). Pressure ulcer prevention: Quick reference guide. Washington, DC:

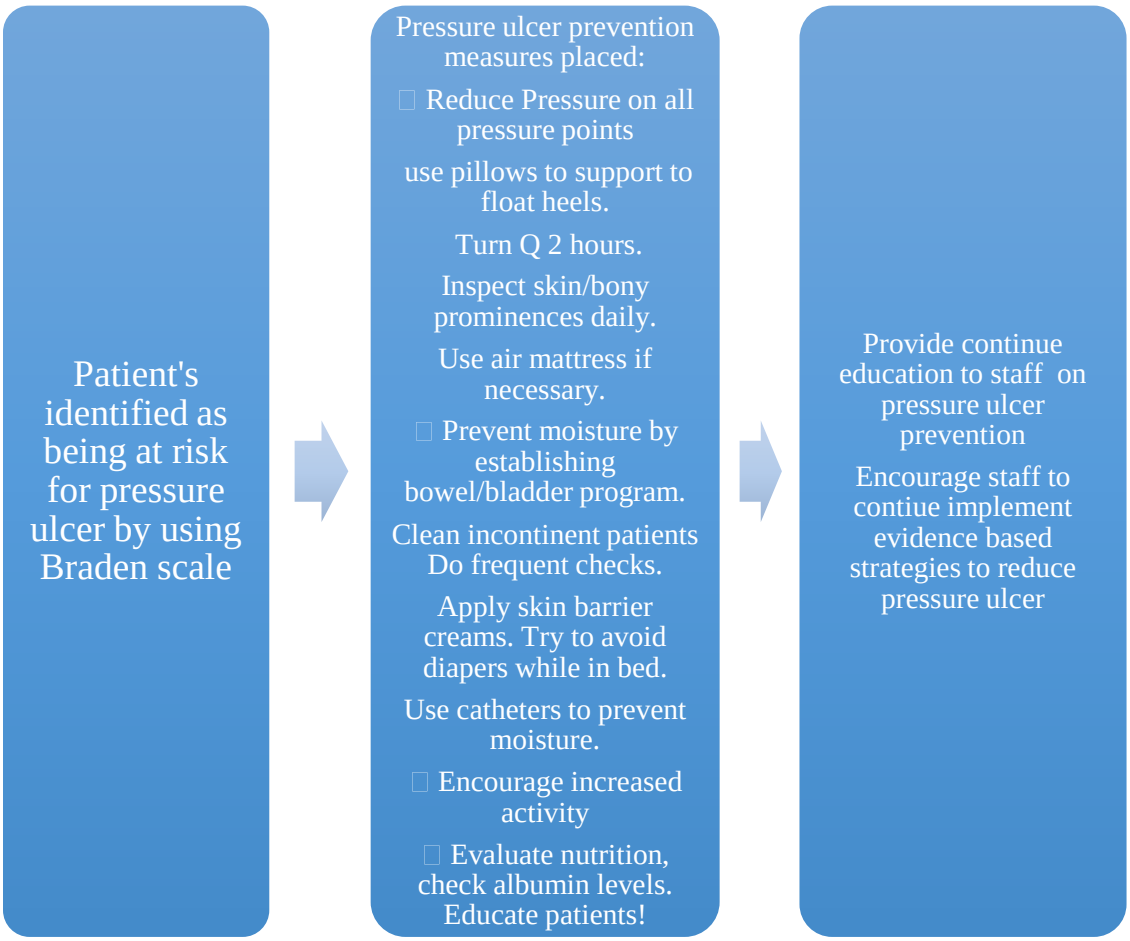
## Appendix A

## Pressure Ulcer Educational Brochure (Back)

## Appendix B

## SWOT Analysis

| STRENGTHS | WEANKNESSES |
|---|---|
| • Using Braden scale upon admission and quarterly<br>• Skin assessment every shift<br>• Team collaboration<br>• Support provided by Director of Nursing | • Staff not properly educated on pressure ulcer reduction<br>• Staff resistance to education<br>• Communication inconsistencies |
| **OPPORTUNITIES** | **THREATS** |
| • Improve the incidence of pressure ulcers<br>• Improve compliance with education | • Increased length of stay due to pressure injury<br>• Medicare reimbursement |

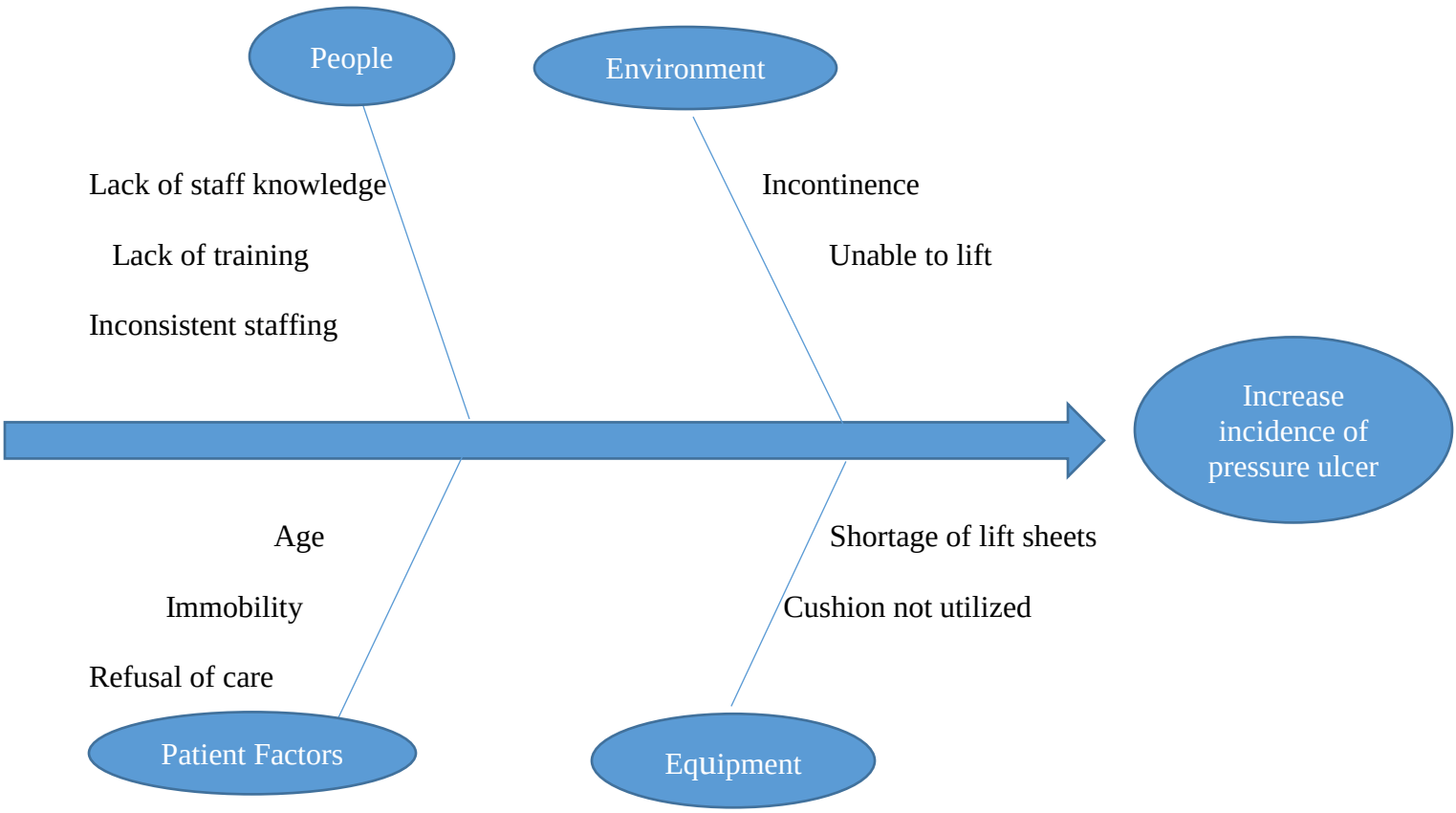



**Appendix C**

**Process Map: Staff Education on Pressure Ulcer Reduction**

**Appendix D**

**Fishbone Diagram**



## Appendix E

## Stakeholder Analysis

| | **Low Stake/Interest** | **High Stake/Interest** |
|---|---|---|
| **High Importance** | • Nursing staff<br>• Administration | • Nursing management |
| **Low Importance** | • None | • Patients<br>• Families |

## Appendix F

**Cost-Benefit Analysis (CBA), Savings from the Reduction of Pressure Ulcers in Rehab Unit**

| Item | First Year | Second Year |
|---|---|---|
| Costs | $1956 | $1440 |
| Benefit (Savings) | $20,900 | $20,900 |
| **CBA** | | |
| Net benefit | $18,944 | $19,460 |
| Benefit-cost (B/C) ratio | 9.68 | 13.5 |

## Appendix G

## GANNT Chart

| **STEP** | **PERSON(S) RESPOSIBLE** | Sept 2017 | Oct 2017 | Nov 2017 | Dec 2017 |
|---|---|---|---|---|---|
| Analyze the data about pressure ulcers from last year | CNL Student | | | | |
| Conduct a meeting with the staff members to discuss what elements should be included in the educational brochure for pressure ulcer reduction | CNL student, nursing management, nursing staff, physician | | | | |
| Create educational brochure | CNL student | | | | |
| Present brochure to Director of Nursing for approval | CNL student | | | | |
| More brochures will be produced with the help of a unit clerk | CNL student, Unit clerk | | | | |
| conduct a staff meeting to communicate about the use of the educational brochure | CNL student, nursing management, staff nurses | | | | |
| Pilot in Rehab unit | CNL Student | | | | |

## Appendix G

## GANNT Chart (Continued)

| STEP | PERSON(S) RESPOSIBLE | Jan 2018 | Feb 2018 | Mar 2018 |
|---|---|---|---|---|
| Pilot in Rehab unit | CNL Student | | | |
| Analyze the pressure ulcer data collected by the Risk Department. | CNL Student | | | |

## Appendix H

Educational brochure Survey

### Pressure Ulcer Reduction Educational Brochure Survey

Age: _____

Male or Female

RN or LPN

Years of Practice: 0-3yrs 4-7yrs 8-11yrs 12-15yrs 16-19yrs 20-23yrs >24yrs

Please answer the questions below regarding your experience with using the brochure on pressure ulcer reduction

Did you find the educational brochure helpful in assessment for pressure ulcer prevention?

Yes No Somewhat

Was the educational brochure time consuming?

Yes No Somewhat

Was the educational brochure easy to use and follow?

Yes No Somewhat

Were you confident in using the educational brochure?

Yes No Somewhat

Would you recommend adding this educational brochure to your daily routine for pressure ulcer prevention?

Yes No Somewhat

Please feel free to write comments below on ways to improve or change the educational brochure for pressure ulcer reduction.